

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1827 / 7006

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**ED GALICK**

Mailing Address P.O. BOX 51

City	State	Zip Code
EAST GREENVILLE	PA	18041-0051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**SIGNS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.348343**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**B. Full Name (Last, First, Middle Initial)**

**ED GALICK**

Mailing Address P.O. BOX 51

City	State	Zip Code
EAST GREENVILLE	PA	18041-0051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**SIGNS**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.349186**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

**C. Full Name (Last, First, Middle Initial)**

**EUGENIO GALINDO**

Mailing Address 2601 SOLERA DR.

City	State	Zip Code
MISSION	TX	78572-7583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : SA17.294496**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

**Subtotal Of Receipts This Page (optional)**.....

2625.00

**Total This Period (last page this line number only)**.....